

2019-2020 MANSFIELD SCHOOL READINESS PROGRAM APPLICATION

Date received	

Child's Full Name:	DOB:	Sex: M F
Home Address:		
Parent/Guardian:	Parent/Guardian:	
EMAIL:	EMAIL:	
Home Address:	Home Address:	
Phone (h):	Phone (h):	
Phone (c):	Phone (c):	
Employer:	Employer:	
How did you hear about School Readiness? (care Center Board of Ed. Newspa	circle all that apply) aper Friend/Neighbor Other: _	
Total Household yearly income (verification r	required) \$	
Form of Verification: (Circle one) Tax	Return/W-2 Letter of Employm	nent Gov't Subsidy
Marital Status: (Circle one) Sing	gle Married Separated	Divorced
The Child Resides with:	Family Size (Related to this inco	me)
Health Insurance Type: (Circle one) Public P	• ,	
Do any children in the immediate family current		are.
_		
Center requested: Community Children's Center		ın Child Labs
Type of space: Full-time Part-time		
 □ I understand that, as a parent participant in to the School Readiness Coordinator written □ I understand that I must notify the School I gross income of my family. □ I understand that, as a parent participant in for my child's enrollment information to be System (ECIS). 	n documentation of the gross income of Readiness Coordinator as soon as I am o n the Mansfield School Readiness Progr	my family. ware of a change in the am, I give my permission
Signature of Parent(s)/Guardian(s) Questions? Call 860-429-3338 Return completed form to:	Date	For office use Slot Type:

Early Childhood Services Coordinator
4 S. Eagleville Rd, Room 25, Mansfield, CT 06268
Or scan and email to: dufresnes@mansfieldct.org

Center: _____

Weekly Fee: _____